## STATE OF DELAWARE - OFFICE OF PENSIONS GROUP HEALTH INSURANCE PROGRAM

## **COUNTY & MUNICIPAL POLICE / FIREFIGHTER PENSION PLAN**

## Entitled to Health Cost Offset

## Non-Medicare Plans RATES EFFECTIVE JULY 1, 2025 - JUNE 30, 2026

Rates apply to retirees in the plan who retired on or after 7/1/15 and

Rates apply to survivors in the plan whose survivor's pension was effective on or before 7/1/15

| HIGHMARK DELAWARE FIRST STATE BASIC PLAN |               |                       |                   |  |
|--|---------------|-----------------------|-------------------|--|
|  | TOTAL<br>COST | HEALTH COST<br>OFFSET | PENSIONER<br>PAYS |  |
| Individual                               | \$1,093.66    | \$998.85              | \$94.81           |  |
| Individual & Spouse                      | \$2,262.74    | \$998.85              | \$1,263.89        |  |
| Individual & Child(ren)                  | \$1,662.46    | \$998.85              | \$663.61          |  |
| Family                                   | \$2,828.52    | \$998.85              | \$1,829.67        |  |

| HIGHMARK DELAWARE COMPREHENSIVE PPO PLAN |               |                       |                |  |  |
|--|---------------|-----------------------|----------------|--|--|
|  | TOTAL<br>COST | HEALTH COST<br>OFFSET | PENSIONER PAYS |  |  |
| Individual                               | \$1,248.56    | \$998.85              | \$249.71       |  |  |
| Individual & Spouse                      | \$2,590.92    | \$998.85              | \$1,592.07     |  |  |
| Individual & Child(ren)                  | \$1,924.26    | \$998.85              | \$925.41       |  |  |
| Family                                   | \$3,239.00    | \$998.85              | \$2,240.15     |  |  |

| AETNA HMO PLAN          |               |                       |                   |  |  |
|-------------------------|---------------|-----------------------|-------------------|--|--|
|                         | TOTAL<br>COST | HEALTH COST<br>OFFSET | PENSIONER<br>PAYS |  |  |
| Individual              | \$1,141.76    | \$998.85              | \$142.91          |  |  |
| Individual & Spouse     | \$2,407.30    | \$998.85              | \$1,408.45        |  |  |
| Individual & Child(ren) | \$1,746.60    | \$998.85              | \$747.75          |  |  |
| Family                  | \$3,003.76    | \$998.85              | \$2,004.91        |  |  |

| AETNA CDH GOLD PLAN     |               |                       |                   |  |  |
|-------------------------|---------------|-----------------------|-------------------|--|--|
|                         | TOTAL<br>COST | HEALTH COST<br>OFFSET | PENSIONER<br>PAYS |  |  |
| Individual              | \$1,131.92    | \$998.85              | \$133.07          |  |  |
| Individual & Spouse     | \$2,346.96    | \$998.85              | \$1,348.11        |  |  |
| Individual & Child(ren) | \$1,729.38    | \$998.85              | \$730.53          |  |  |
| Family                  | \$2,981.60    | \$998.85              | \$1,982.75        |  |  |